PTO/SB/06 (08-03)

Approved for use through 7/31/2006, OMB 0551-0002

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control according.

PATEN	APPLICA	TION F		OITANIMS				76773		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		<b>O</b> R	OTHER THAN SMALL ENTITY		
FOR	NOLMBER FOLED		NIALBER EXTRA		RATE	FEE		RATE	ÆE	
BASIC FEE 37 CFR (.16(e))						:	OR		.750	•
TOTAL CLAIMS (37 CFR 1.16(d))	12	brus 20 =	1.	2	** *		OR	X 5 =	19/	
INDEPENDENT CLAIMS	- 6%		1		× 3		•		120	
(37 CFR 1.18(b)) 3 minus 3 = 1					× 3	_	OR	× 8	-	
NULTIPLE DEPENDENT C	LAMPRESENT	(37	CFR 1.16(d)		*\$=		OR	<u></u>	201	
* If the difference in colum	en 1 is less then z	ero, erde	r "O" in cohemn i	2.	TOTAL	L.,	OR .	TOTAL	8/6	
CLAIR	NS AS AMEN	IDED -	PART II							
. "	Cotumn 1)		(Column 2)	(Cotumn 3)	SMALL E	NTITY	OR		R THAN ENTITY	•
4 1176 R	CLAIMS EMADEING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
E Total	VENDMENT	Enus '	PAID FOR	•		FEE			FEE	
Z Independent :	<del>//  </del>	finus '	- 21 - 2	8	7.5		OR	× 8=		
EDST ODES ENTATIO	2			L	× 5		03/	<u> </u>		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.18(d))					+1 0		OR	1:		
AFTER	FIM	<i>\\\</i>			· ADOL FEE		OR	TOTAL ADD'L FEE		
HMOT «	Cotumn 1)		(Catumn 2)	(Column 3)						
	CLAIMS EMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total .	19 1	eunik	27	•	x \$ =		OR	X 5 =		
Total ON	4	eurib	2	• /	x s =	·	OR	. 200 A	2000	Ø
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 CFR 1.16(4))					+1 .		OR	+3=	0	_
					TOTAL			TOTAL	2004	paid
10-12-15	_				ADD'L FEE		QR	ADD'L FEE		
	Cotumn 1)	· T	(Column 2) HIGHEST	(Coturn 3)						
	EMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADOL TICHAL FEE	
O (37 OFR 1.10(1)	11	Apms .	" <i>J</i> .7	* /	X 3 a	$L Z^{-}$	OR	X 5 a		
Total  Total	903	Minus	7	1/	X 8		OR.	x s•	/	
FIRST PRESENTATION		7	OR	+ 9 =/	7					
5/4/	7	<u></u>		<del>.</del>	TOTAL		1	TOTAL		
• If the entry in colum						<u> </u>	OR	ADD'T FEE	<u> </u>	
"If the "Highest Nurr "If the "Highest Nurr	ber Previously Pa	aid For II	N THIS SPACE	is tess than 3, t	enter "3".					
The Tigohesi Numb						the appropria	te box in e	oohumn 1.		i

The "Highest Number Productsly Pade For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. This information is required to obtain or retain a benefit by the puriod which is to file (and by the USPTO to process) an explication. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the encount of time you require to complete this form and/or suggestions for reducing changes, should be sent to the Chief information Officer, U.S. Petern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Abexandria, VA 22313-1450.